## DRUG SCREEN, PHYSICAL EXAMINATION AND MEDICAL HISTORY CONSENT FORM CITY OF GRAPEVINE, TEXAS

Applicant Name (Print):	
Date:	
If I receive an offer of appointment/employment or job counderstand it is conditional upon the results of my poscreen and/or drug screen. For these purposes, I acknowledge, indemnify, and hold harmless the City attorneys, contractors and subcontractors from liability, resulting from the outcome of this test.	hysical examination, Essential Job Function nowledge these procedures as a requirement y, its elected officials, employees, agents,
Medical Consent: I and the collection of breath, urine, and/or blood sample determine the presence of drugs, if any, in my system.	, consent to a medical examination es by the city's testing facility, or designee, to
Authorization to Release Information: I authorize the to information and test results obtained during or as a Grapevine.	esting facility to release any and all medical result of the examination(s) to the City of
I understand that my alteration of this consent form; remedical examination and/or the collection of breath, u authorize the release of information to the City of Grap conditional offer of employment or job change.	rine and/or blood samples; or my refusal to
Additionally, I release, indemnify and hold harmless the attorneys, contractors and subcontractors from liability, resulting from the outcome of this testing.	City, its elected officials, employees, agents, claims or damages for any actions taken or
I have read and I fully and completely understand the form is valid in original, faxed, or photocopied format.	statements made in this consent form. This
Electronic signatures will not be accepted.	
Applicant's Signature	Date
Parental Signature (if applicant is under 18)	Date



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Consent to Request Consumer Report & In	vestigative Consumer Report Information
Applicant's First Name or Initial Last Name	
I understand that [Company Name] ('COMPANY') will use Sterling In (309) 893-2272 to obtain a consumer report and/or investigative understand that if hired, to the extent permitted by law, COMPANY mextend my employment.  I understand Sterling InfoSystems Inc.'s ("STERLING") invest background, bankruptcies, lawsuits, judgments, pald tax liens, unlawly placed for collection, character, general reputation, personal character subject to any limitations imposed by applicable federal and state law indirect contact with former employers, schools, financial institutions, knowledge. If an investigative consumer report is being requested, I including but not limited to personal interviews with my acquaintances I understand that I have the right to receive notice about the nature	consumer report ("Report") as part of the hiring process. I also any obtain further Reports from STERLING so as to update, renew or digation may include obtaining information regarding my credit full detainer actions, failure to pay spousal or child support, accounts teristics and standard of living, driving record and criminal record, v. I understand such information may be obtained through direct or landlords and public agencies or other persons who may have such understand such information may be obtained through any means, a and/or associates or with others whom I am acquainted.
days after the COMPANY receives my request or five days after the inve	and scope or any investigative consumer report requested within five stigative consumer report was requested, whichever is later.
By checking the box, I indicate that I wish to receive further of investigative consumer report	disclosure about the nature and scope of any COMPANY request for an
1 acknowledge receipt of the attached summary of my rights under State summary of rights (collectively "Summaries of Rights").	
This consent will not affect my ability to question or dispute the ac COMPANY makes a conditional decision to disqualify me based all or in another copy of the Summeries of Rights, and if I disagree with the must notify COMPANY within five business days of my receipt of the STERLING.	n part on my Report, I will be provided with a copy of the Report and accuracy of the purported disqualifying information in the Report, I Report that I am challenging the accuracy of such information with
I hereby consent to this investigation and authorize COMPANY to produce	
In order to verify my identity for the purposes of Report preparation, and the other information and fully understand that all employment d	, I am voluntarily releasing my date of birth, social security number ecisions are based on legitimate non-discriminatory reasons.
Massachusetts, Minnesats, New Jersey & Oldshoma & obtained by COMPANY from STERLING by checking the box. to receive a copy)	Applicants Only: I have the right to request a copy of any Report STERLING will mail the Report directly to me. (Check only if you wish
Maine Applicants Only: By checking the box, I indicate the nearest unit of the consumer reporting agency designated well as a copy of any Report obtained by COMPANY from STI	at I wish to receive the name, address and telephone number of the to handle inquiries regarding the investigative consumer report as ERLING.
Information about my credit history, credit worthiness, credit law, (ii) the information is substantially job related, and the n	APPLICABLE): I further understand that COMPANY will not obtain standing, or credit capacity unless: (i) the information is required by easons for using the information are disclosed to me in writing, (If this is seeking employment as a covered police or peace officer or with a
Reasons why COMPANY considers credit information substant information):	tially job related (complete if this is the sole basis for obtaining credit
RY Apolicants Only: I also acknowledge that I have received the a understand that I may request a copy of any investigative consumer advised if any further checks are requested and provided the name are	report by contacting STERLING. I further understand that I will be
Signature:	Today's Date:

PRINT CHARGET SET OF RECORDERS.  R S I G R A P E  For Office Use Only - Group ID (systems)  First Rome  Middle Name or Initial  Last Name  Date of Birth (MCIDDYYYY)  Other Name's Known By  Male  Fermila  Social Security Number  Primary Telephone Number (no distins)  Darrent Address  YOU MUST LIST YOUR ADDRESS EXPORMATION  FOR THIS LAST / YEARS  Day  State  Zip Code  Free/views Address  Apt # #yrs at this address  Free/views Address  Apt # #yrs at this address  Free/views Address  Apt # #yrs at this address	ST	ERLIN	1 G					
First Status   Middle Name or Initial    Print Status   Middle Name or Initial					PROTOHARA	тен иктня 1 98765 -		NCORPECT
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Signature

Today's Date (MMDDYYYY)



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Para informacion en espanol, visite <u>http://www.fic.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <a href="http://www.fic.gov/credit">http://www.fic.gov/credit</a> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or
  another type of consumer report to deny your application for credit, insurance, or employment or to take another
  adverse action against you must tell you, and must give you the name, address, and phone number of the
  agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See http://www.ftc.gov/credit for additional Information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness
  based on information from credit bureaus. You may request a credit score from consumer reporting agencies that
  create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some
  mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See http://www.fic.gov/creditfor an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unvertitable information.
   Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcles that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer-reporting agency may not
  give out information about you to your employer, or a potential employer, without your written consent given to the
  employer. Written consent generally is not required in the trucking industry. For more information, go to
  www.fic.gov/credit.



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You may limit "prescreened" offers of credit and insurance you get based on information in your credit raport. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-3688).

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit
  www.fic.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" of Initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 8-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or Initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-388-1308
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051

## MOTOR VEHICLE RECORD HISTORY INFORMATION

The City of Grapevine is self-insured. It is a business necessity for the City to hire only employees who are safe drivers and who maintain a good driving record. The questions listed below are intended to ensure all applicants/employees meet at least the minimum driving record requirements. The position you are applying for may require driving a vehicle as a function of the job. If so, the City will conduct a driver's license record check to verify your eligibility to drive for the City of Grapevine. Please provide the information indicated below to facilitate this driver's license check. If the position for which you are applying does not require you to drive a vehicle, the completion of the rest of this form is voluntary. You may write on the back of this page if you need additional space.

1.	List all motor vehicle accidents in which you were involved during the 3 years preceding the date this application is submitted. Specify the date and nature of each accident and any fatalities or personal injuries it caused.						
2.	List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date this application is submitted.						
3.		ne facts and circumstances or or vehicle that has been iss					
4.	[] No [] Yes employ	on for which you are applying If yes, you must list on the yers for the past ten (10) geach of these employers.	he employment applic years, the dates you	ation the names and a	ddresses of all previous m, and the reasons for		
5.		/ hold a Commercial Driver					
		State Issued	License No.	Type of License	Expiration Date		
	Driver				•		
	Licenses		· -				
				· ·			
Drivin	g Experience	Type of Equipment	Dates You Have Operated Approx. Total				
Class	of Equipment	(Van, Tank, Flat, etc.)	From	То	Your Operation		
	t Truck						
	and Semi-Trailer						
	-Two Trailers						
Other	<del></del>			<u> </u>	<u></u>		
used t	o verify driving eli	ned from your application befigibility.	ore your application is	reviewed. The informatio	n on this form will <u>only</u> be		
Signa	ture of Applicant	/Annointee		Date			

The following terms were accepted by the applicant upon submitting the online application:

The City of Grapevine is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances in the work place.

By clicking on the "Accept" button, I acknowledge that I have reviewed each page to make sure all parts are correct and complete. I understand that my signality will be based on the information contained on this application and that this document is not an offer of employment. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that # I am hired by the City, my employment will be at will, for an indefinite period of time and may be terminated at any time, with or without cause or notice, at the option of the City or myself. I understand that I have the right to end my employment at any time and that the City retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing onless such contract, agreement or modification is in writing and signed by the City Manager of the City of Grapevine, FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application or associated documents completed during the application process are true and correct. I understand that any false statement made by the on this application or any associated documents, or later-discovered omissions of fact could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer, VERIFICATION OF INFORMATION: In connection with my application for employment and as a condition of continuing employment, I hereby authorize the City of Grapevine or any agent of the City of Grapevine to curtact any school, company, credit bureau, corporation, law enforcement agency or other person or organization necessary to supply any information concerning my background. I understand that investigative packground inquiries may include consumer credit, criminal record, mutor vehicle and other reports. These reports may include information in regard to my work expensive and education along with reasons for termination of employment from my previous employers. Further, I understand that you may be requiring information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, curninal, credit, civil and other experiences as well as claims involving me in the files of insurance companies. As a condition of employment by the City of Grapevine or as a condition of my continued employment, I hereby authorize and give my a condition or employment by the City or Grapevine or as a condition of my continued employment, I hereby authorize and give my permission to the City and its authorized agents, and to any school, company, credit bureau, corporation, law enforcement agency or other person to obtain and/or release any and all background information regarding my credit, triminal record, anyling record or other sources of historical information pertaining to employment, insurance or credit history. Further, I release from any liability whatsoever the City of Grapevine officers, employees or agents and any school, company, credit bureau, corporation, law enforcement agency or other person or organization contacted by the City or its agents in the gathering and releasing of such information to the persons or entities named above. I agree to immediately notify the City of Grapevine if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired This authorization and consent shall be valid in original, fax, or copied form. This certifies that this application and associated documents were completed by me and that all entries on them and information in them are true and complete to the best of my knowledge. I fully understand the terms of this release.

This application was submitted by	,		<del></del>		<del></del>
Signature				<del></del>	
Electronic signatures	will	not be	accepted		
Date:	<u></u>				